

approved, SCAO

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	PETITION FOR GUARDIAN OF MINOR	FILE NO.
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n the matter of \_\_\_\_\_, a minor  
Social security no.

. I, \_\_\_\_\_, am interested in the welfare of the minor and make this  
Name (type or print)  
petition as \_\_\_\_\_  
Relationship to minor (i.e. grandparent, uncle, friend, limited guardian, etc.)

l. The minor was born \_\_\_\_\_, is unmarried, resides in \_\_\_\_\_  
Date County  
at \_\_\_\_\_  
Address City/Township  
\_\_\_\_\_, and is presently located in \_\_\_\_\_  
State, zip County  
at \_\_\_\_\_  
Address (only if different than above) City/Township  
\_\_\_\_\_.  
State, zip

l. The persons interested in this proceeding are:

NAME	RELATIONSHIP	ADDRESS
	Father/Age	
	Mother/Age	
	Conservator	
	Guardian	
	Person with care/ custody of minor*	

\*also list persons who had principal care and custody of minor during the two months preceding filing of petition  
If neither parent is living, the names and addresses of the minor's nearest of kin who are adults are:

NAME	RELATIONSHIP	ADDRESS

None of these persons is under any legal incapacity except (give name, incapacity, and representative of the person if any):  
\_\_\_\_\_  
(PLEASE SEE OTHER SIDE)  
\_\_\_\_\_  
Do not write below this line - For court use only  
\_\_\_\_\_

**PC 651 (4/00) PETITION FOR APPOINTMENT OF GUARDIAN OF MINOR**

☐ 4. An action within the jurisdiction of the family division of circuit court involving the family or family members of the minor has been previously filed in \_\_\_\_\_ Court, Case Number \_\_\_\_\_, was assigned to Judge \_\_\_\_\_, and ☐ remains ☐ is no longer pending.

☐ 5. The minor is a member of/eligible for membership in an American Indian tribe/band: \_\_\_\_\_

\_\_\_\_\_  
Name of tribe/band

6. The minor is in need of a guardian because:

- a. ☐ The parental rights of both parents or of the surviving parent have been terminated or suspended by:
- ☐ death (certificate attached). ☐ a prior court order other than an order appointing a
  - ☐ disappearance. ☐ limited guardian of the minor (copy attached)
  - ☐ confinement in a place of detention. ☐ judgment of divorce or separate maintenance (copy attached).
  - ☐ judicial determination of mental incompetency (order attached).

**OR**

- b. ☐ The parent(s) permit the minor to reside with another person and do not provide that other person with the legal authority for the care and maintenance of the minor and the minor is not residing with a parent at this time.

**OR**

- c. ☐ The biological parents of the minor were never married to each other and \_\_\_\_\_ the custodial parent ☐ died ☐ has disappeared since \_\_\_\_\_, and the other parent has not been granted legal custody by court order. The proposed guardian is related to the minor within the fifth degree by marriage, blood or adoption.

☐ 7. A temporary guardian is necessary because: \_\_\_\_\_

**I REQUEST:**

8. \_\_\_\_\_ whose address is \_\_\_\_\_  
Name Address  
\_\_\_\_\_  
City/Township State Zip Telephone no. be appointed guardian of the minor.

9. The court order the parent(s) to provide reasonable support for and visitation and contact with the minor.

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of petitioner

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of petitioner

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.

10. I am 14 years of age or older. I nominate \_\_\_\_\_ as my guardian  
Name  
who lives at \_\_\_\_\_  
Address City State Zip

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney signature

\_\_\_\_\_  
Attorney name (type or print)

\_\_\_\_\_  
Bar no.

\_\_\_\_\_  
Signature of minor

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.

**Fig. 15.3 Sample Limited Guardianship Placement Plan (page 1)**

Approved, SCAO

<div>STATE OF MICHIGAN</div> <div>PROBATE COURT</div> <div>COUNTY</div> <div>CIRCUIT COURT - FAMILY DIVISION</div>	<div>LIMITED GUARDIANSHIP</div> <div>PLACEMENT PLAN</div>	<div>FILE NO.</div>
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In the matter of \_\_\_\_\_, a minor

**Special Note in Completing Form:**

Each custodial parent who signs this plan is agreeing to all the conditions of the plan even though each item refers to a single person. When more than one parent enters into this agreement and they differ from one another in any area of the plan, each parent must complete their own plan on separate forms. For example:

\* If they differ in their reasons for the guardianship, each parent must specify their own reasons.

**NOTICE:** This guardianship will not be terminated without a court finding that the termination is in the best interest of the child.

☐ This plan modifies a limited guardianship placement plan previously approved by the court.

As custodial parent, I desire to establish a limited guardianship for my child and agree to the following plan:

1. The reason I want a limited guardianship is:

- ☐ To enable my child to attend school in the proposed guardian's school district.
- ☐ To provide health insurance through the proposed guardian.
- ☐ I will be or am incarcerated until \_\_\_\_\_.
- ☐ I am currently without housing adequate for my child.
- ☐ I am unable to care for my child because of my health.
- ☐ I am unable to care for my child because of my mental instability.
- ☐ I desire an alternative to action recommended by child protective services.
- ☐ I have lost substantial control of my child's behavior.
- ☐ I need to improve my parenting skills.
- ☐ The minor's physical needs for food, clothing, and housing may best be met by the proposed guardian.
- ☐ To comply with the requirement of the ☐ Reserves. ☐ Armed Forces.
- ☐ Other:

2. Visits and contact with my child will be sufficient to maintain my parent and child relationship and will be as follows:

- ☐ I will visit my child on: (please circle each day you plan to visit) Su M Tu W Th F Sa  
from: (please specify the time and circle either a.m. or p.m.) \_\_\_\_\_ ☐ a.m. ☐ p.m. to \_\_\_\_\_ ☐ a.m. ☐ p.m.
- ☐ I will visit my child \_\_\_\_\_ times each ☐ week. ☐ month.
- ☐ Visits will occur at ☐ my residence. ☐ the proposed guardian's residence. ☐ \_\_\_\_\_.
- ☐ Telephone contact will take place ☐ daily. ☐ weekly. ☐ monthly. ☐ \_\_\_\_\_.
- ☐ Letters will be sent ☐ daily. ☐ weekly. ☐ monthly. ☐ \_\_\_\_\_.
- ☐ I will attend my child's school conference provided I receive timely notice of the conference.
- ☐ I will attend counseling with my child.
- ☐ I will participate in and arrange positive outings with my child ☐ daily. ☐ weekly. ☐ monthly ☐ \_\_\_\_\_.
- ☐ I will provide transportation for my child for \_\_\_\_\_.
- ☐ I will attend all doctor/dental appointments for my child (excluding emergencies).
- ☐ Transportation to and from visits with my child will be the responsibility of: \_\_\_\_\_.
- ☐ Collect telephone calls will be accepted at number \_\_\_\_\_.
- ☐ Other:

SEE OTHER SIDE FOR REMAINING PLANS

Do not write below this line - For court use only

Approved:

\_\_\_\_\_

Date

\_\_\_\_\_

Judge

## 3. Financial support will be made by me as follows:

- ☐ Health insurance coverage through \_\_\_\_\_.  
 Policy numbers are \_\_\_\_\_.
- ☐ School lunch money, clothing, supplies.
- ☐ Car insurance.
- ☐ \$ \_\_\_\_\_ each month for room, board, miscellaneous expenses to be paid at month's ☐ end. ☐ beginning.
- ☐ I will pay for counseling.
- ☐ I will pay for transportation to and from visits.
- ☐ I will provide food for my child as follows: \_\_\_\_\_
- ☐ I will pay for babysitting as follows: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

## 4. My plan is for the limited guardianship to continue until:

- ☐ The end of the current school year.
- ☐ ☐ I graduate ☐ my child graduates from high school.
- ☐ I am able to provide a drug-free household.
- ☐ I complete parenting classes.
- ☐ I am no longer ☐ incarcerated. ☐ on parole/probation.
- ☐ I am gainfully employed.
- ☐ I have established myself in a new residence.
- ☐ I have successfully completed drug or alcohol inpatient/outpatient treatment.
- ☐ I have cooperated with a substance abuse assessment and have followed the recommendations of the assessment.
- ☐ I have cooperated with a psychological evaluation and have followed the recommendations of the assessment.
- ☐ I have successfully completed psychological counseling.
- ☐ My child can accept my parental authority.
- ☐ I complete my ☐ G.E.D. ☐ job training.
- ☐ I no longer cohabit with individuals.
- ☐ I cooperate with a domestic assault program.
- ☐ I have health insurance coverage for my child.
- ☐ I have completed my obligation to the Reserves or Armed Forces.
- ☐ Other: \_\_\_\_\_

## 5. I also agree as follows: \_\_\_\_\_

**As a custodial parent of the minor, I understand that if I substantially fail, without good cause, to follow this plan, my parental rights may be terminated by the court through proceedings under the juvenile code.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of custodial parent (type or print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone n

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of custodial parent (type or print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.

<b>Agreement and Acceptance of Trust by Limited</b>
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I will serve as limited guardian of the minor. I agree with this plan, and I accept the trust according to the appointment and agree to file reports and to perform all duties required by law.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of proposed guardian (type or print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of proposed guardian (type or print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.

**Fig. 15.4 Sample Order Appointing Guardian of A Minor**

Approved, SCAO

<b>STATE OF MICHIGAN</b> <b>PROBATE COURT</b>  <b>COUNTY</b> <b>CIRCUIT COURT - FAMILY DIVISION</b>	<b>ORDER APPOINTING</b> <input type="checkbox"/> <b>GUARDIAN</b> <input type="checkbox"/> <b>LIMITED GUARDIAN</b> <b>OF A MINOR</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_, a minor

1. Date of hearing: \_\_\_\_\_ Judge: \_\_\_\_\_ Bar no

**THE COURT FINDS:**

2. Notice of hearing was given to or waived by all interested persons, venue is proper, and a qualified person seeks appointment.

☐ 3. The above named minor is unmarried and is in need of a guardian because:

- ☐ a. parental rights of both parents or of the surviving parent have been
- |   |  |
|---|--|
| <input type="checkbox"/> terminated         | <input type="checkbox"/> suspended by:                                 |
| <input type="checkbox"/> prior court order. | <input type="checkbox"/> judgment of divorce or separate maintenance.  |
| <input type="checkbox"/> death.             | <input type="checkbox"/> judicial determination of mental incompetency |
| <input type="checkbox"/> disappearance.     | <input type="checkbox"/> confinement in a place of detention.          |

**or** ☐ b. the parent(s) permit the minor to reside with another person and do not provide the other person with the legal authority for the care and maintenance of the minor who was not residing with a parent when the petition was filed.

**or** ☐ c. the biological parents of the minor were never married to each other, the custodial parent has

☐ died   ☐ disappeared   and the other parent has not been granted legal custody by court order. The proposed guardian is related to the minor within the fifth degree by marriage, blood, or adoption.

☐ 4. The above named minor is unmarried, and the custodial parent(s) consented to the appointment of a limited guardian and voluntarily consented to suspension of parental rights. A limited guardianship placement plan has been filed and approved.

5. The welfare of the minor will be served by the appointment,

☐ and by   ☐ payment of reasonable support.   ☐ reasonable parenting time and contact by the parent(s).

☐ 6. There is no qualified, suitable individual willing to act as guardian and the appointment of a nonprofit corporation as guardian is in the best interest of the minor. A personal bond must be filed.

**IT IS ORDERED:**

7. \_\_\_\_\_, whose address and telephone number are:

Name (type or print)

Address	City	State	Zip	Telephone no.
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is appointed   ☐ full   ☐ limited   ☐ temporary   guardian of the minor named above, and an acceptance of appointment shall be filed.

☐ Personal bond at \$ \_\_\_\_\_ must be filed.

8. This appointment is   ☐ regular.   ☐ temporary, expiring on \_\_\_\_\_ .

9. Parenting time shall be   ☐ as stated in the placement plan.   Date

☐ \_\_\_\_\_

10. Child support shall be paid as follows:   ☐ as stated in the placement plan.

☐ father: \_\_\_\_\_   ☐ mother: \_\_\_\_\_

11. Other:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Attorney name (type or print)   Bar no.

Address	City	State	Zip	Telephone no.
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